



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: La Porte

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 02/28/2016 (mm/dd/yyyy format)

Person Completing the Report: Steven Rudolph

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Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$36693916
Outpatient Patient Service Revenue	\$46989305
Total Gross Patient Service Revenue	\$83683221

2. Deductions From Revenue

Contractual Allowance	\$40622365
Other Deductions	\$14161401
Total Deductions	\$54783766

3. Total Operating Revenue

Net Patient Service Revenue	\$28899455
Other Operating Revenue	\$716131
Total Operating Revenue	\$29615586

4. Operating Expenses

Salaries and Wages	\$10331172	Employee Benefits	\$3345844
Depreciation and Amortization	\$1946402	Interest Expense	\$1788
Bad Debt	\$3134119	Other Expenses	\$13123432
Total Operating Expenses	\$31882757		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2267171	Total Assets	\$235570876
Net Non-operating Gains over Loss	\$-2175679	Total Liabilities	\$26402286

Total Net Gains	\$-4442850
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37946568	\$29780503	\$8166065
Medicaid	\$16190583	\$10841861	\$5348722
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29546070	\$14161401	\$15384669
Total	\$83683221	\$54783765	\$28899456

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$24964	\$151620	\$-126656

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1035	\$-1035

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$33812	\$-33812
Hospital Patients	\$0	\$0	\$0
Community Education	\$385	\$329556	\$-329171

Number of Medical Professionals Trained	649
Number of Hospital Patients Educated	1669
Number of Citizens Exposed to Health Education Messages	115003

Statement Six: Charity Statement

Hospital Charity Charges	\$1050184
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1187191	
HCI Payments	\$0		
Subtotal	\$0	\$1187191	\$-1187191
Medicaid Shortfalls	\$1731155	\$6554381	
Subtotal	\$1731155	\$7741572	\$-6010417
DSH Payments	\$0		
Subtotal	\$1731155	\$7741572	\$-6010417
Medicare Shortfalls	\$5678443	\$8723780	
Other Government Programs	\$0	\$0	
Total	\$7409598	\$16465352	\$-9055754

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$120000	\$-120000
Community Assessment	\$0	\$30983	\$-30983
Provision of Taxes	\$0	\$57377	\$-57377
Other Allocations	\$0	\$0	\$0

Comments

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